



ATR-I
SUBSTANCE ABUSE
TREATMENT AVAILABLE
*"There is MORE opportunity, MORE choice
and MORE access to get help for substance abusers
*Opportunity- More providers and more services
*Choice- Clients choose their Treatment provider for
increased success
Access- More people served in more communities"

Welcome again to the latest edition of Frequently Asked ATR Questions

In keeping with BPA's commitment to keeping the provider community informed about recently occurring and recurring concerns, we have developed this forum to address these issues. Frequently Asked Questions (FAQ's) are arranged below in topical areas.

Q: What date should be entered on the 3 consent forms where it says "Unless revoked as stated above, this consent expires automatically on" _____."

A: This is a date that the client chooses. The provider may want to suggest a date that goes out long enough to cover the entire stay in treatment.

Q: What would happen if I decided not to circle the dimensions I want to use for IOP placement for adults and adolescent placements?

A: When this happens, BPA will have to review all six dimensions prior to authorization of treatment. This can lead to an even further delay if a clarification letter is sent to out. Please note: this has always been an issue, but with the number of calls we now receive, along with number of reviews, this could make a big difference in our turn around time if the dimensions were appropriately selected.

Q: Can I be reimbursed for GPRA interviews done prior to 4/18/05? What about getting reimbursed for interviews and services done prior to having a contract with BPA?

A: BPA can not reimburse providers for GPRA interviews performed prior to April 18, 2005, or for any services performed without a current contract. However, BPA will accept GPRA interviews done prior to April 18 to fulfill the intake requirement, and pay for all subsequent interviews performed during the contracted period.

Q: I have been providing services to adults under the Block Grant, and would now like to expand my service offering under ATR to include adolescents. What do I need to do?



A: You would need to complete an ATR Provider Profile and the populations and/or levels of care you are proposing to provide must be on your certificate of facility approval from Idaho Department of Health and Welfare. Provider profiles will be sent to all currently contracted providers on Monday, June 24, 2005.

Q: How will the vouchers be broken up to show if it is ATR or Block Grant dollars? Will there be a designation somehow on the dollars?

A: Yes they will be distinct (and documented on the Voucher) by service, though one client can have some services covered by either or both funding sources. The Service Voucher lists the funding source on the line right above the voucher start and expiration dates.

Q: If a provider does an assessment, and it is determined that the client does not need treatment, do they still need to send in a discharge summary?

A: If a provider does an assessment and determines that the client does not need treatment, then the provider needs to send the summary in to BPA. They should also document that the client needs no treatment at this time and request the client be discharged as CTS - meaning they successfully completed all that was needed of them at this time. Care Management staff will then discharge the Assessment treatment line as CTS on the date we receive the summary.

Q: I received an authorization to perform an assessment and the client never shows up and I can't locate this person. What do I need to do to keep this "client" from showing up on the list as needing a GPRA or discharge summary?

A: If a provider receives an authorization for an assessment and the client never shows up or can't be located then Care Management needs to be notified. However, the provider does not need to fill out an entire discharge form, they can just send us a copy of the authorization with the discharge code and reason for discharging the client - ex: UNK client no showed for assessment and we are unable to contact him at any of the numbers provided - he has not responded to written requests either.

Q: I called in and was told that there was a 4-6 week wait for assessments, and another 4-6 week wait to get into treatment. What is BPA doing about the waiting list problem?

A: The ATR budget has only recently been set. We are now more able to open up the system and pull clients off the waiting list. To make this transfer in a timely manner we have assigned dedicated staff in Care Management to the wait list process. Any estimate on the part of BPA as to when a client receives an assessment, or transfers to another Level of Care are our best guess based on information given to BPA by the providers about the capacity of their operations. This time frame does fluctuate as providers discharge clients and BPA brings more people off the waiting lists into



treatment. Right now the network is in a state of transition: moving clients into treatment who were placed on the waiting list when the block grant ran out of money, while more clients are calling in for screening. We are currently averaging forty screenings per day, a pace that will put us to well over 10,000 individuals screened per year. This sort of volume helps contribute to the waiting list.

Whenever possible clients are only referred off the waiting list when the treatment level they were screened for has an opening. There should not be a delay between assessment and treatment unless the client is assessed as needing a different level of care that was suggested by the initial screening information.

Q: I'm having problems faxing GPRA interviews. Can I mail them instead?

A: Sure. Mailing them can be a cheaper and more reliable method. If you would prefer to mail them, please do so frequently enough that we can match them up with client activity-once a week should be a sufficient minimum.

ATR so far...

Through the end of **June 16, 2005**, BPA has issued the following vouchers:

Number of Vouchers issued by LOC

758	Assessment
839	Outpatient
315	Intensive Outpatient
4	Adult Halfway House
13	Transitional Housing
85	Adult Detox
369	Residential
2383	Grand Count